

Form SPSW-2

SPECIAL WASTE DISPOSAL REQUEST GENERATOR INFORMATION

Section I. Generator Identification:

- a. Generator Name: _____
- b. Generator Address: _____

- c. Generator Phone: () _____

Section II. General Waste Profile:

Note: It is the duty of all persons to dispose of their solid waste in a legal manner (Va. Code § 10.1-1418.1.A). In addition, any person who generates a solid waste shall determine if that waste is a hazardous waste (40 CFR 262.11).

- a. General description of waste, including its state (e.g., solid liquid, semi-solid, gas):

- b. Amount of materials proposed for disposal:

Volume or Weight _____

Units _____

- c. Activities or processes from which the waste was generated, including process flow diagrams specifically addressing the waste stream(s), a description of the source of the

waste, and a statement of whether the waste was formerly managed as a hazardous waste.

NOTE: Attach a flow diagram and indicate any deletions due to proprietary or trade secret information. The Department cannot protect proprietary information or trade secrets.

d. Location of generation:

e. Method of transportation:

Describe the manner in which the material is being transported for disposal (e.g., bulk containers):

f. Testing results

PARAMETER	ANALYZED (METHOD)	NOT ANALYZED (REASON)	RESULTS INCLUDED (Y) YES (N) NO
Corrosivity			
Ignitability			
Reactivity			
TCLP (a - e) only			
a. Metals			
b. Volatile Organics			
c. Semi Volatile Organics			
d. Pesticides			
e. Herbicides			
Total Metals			
Volatile Organics			
Semi-Volatile Organics			
Pesticides			
Herbicides			
PCBs			
Paint-Filters Test			
Radioactive Waste			
Asbestos			
Percent Solids			
TOX			
TPH			

g. Sample location map included: Yes () No ()

Section III. Generator Certification:

I hereby certify, based upon my diligent inquiry into the activities, materials, and processes generating the materials described on this form:

1. That these materials are not classified as listed or characteristic hazardous waste governed by the Commonwealth of Virginia or the state of origin of this waste;
2. That the materials are not regulated medical waste governed by the Virginia Regulated Medical Waste Management Regulations (9 VAC 20-120-10 et seq.);
3. That the materials do not contain 50.0 parts per million or more of polychlorinated biphenyls (PCB's);
4. That the materials do not contain more than 1.0 part per billion of dioxins;
5. That the material is not a radioactive waste or possess the property of radioactivity;
6. That the materials are not prohibited or restricted from disposal in a Virginia solid waste management facility; and
7. That the analytical results, completed application and attached documentation submitted in support of this special waste disposal request are a representative, true, and accurate description of these materials.

Print Name: _____

Title: _____

Signature: _____ Date: _____

Notary Statement